

## Beneficiary Designation Form

☐ New Enrollment ☐ Change of Beneficiary

INSTRUCTIONS

Complete this form to designate beneficiaries who will receive your vested benefits in the event of your death. If you are married your spouse is automatically your primary beneficiary and is awarded 100% of your death benefits. If you are married and elect a beneficiary other than your spouse, your spouse must complete Section IV.

**I. Participant Information**

Last Name (Participant)	First Name	Middle Name (Initial)
Social Security Number	Employee Number	Date of Birth

**II. Beneficiary Designation**

In the event your primary beneficiary(ies) are not living at the time of your death, your death benefits will be paid to your secondary beneficiary(ies). Moreover, if a beneficiary who is entitled to receive benefits is not living at the time of your death, then their benefits will be divided proportionately among the remaining beneficiary(ies). If proportions are not indicated or they do not total 100%, benefits will be paid in equal shares. If no designated beneficiary survives you, your undistributed interest shall be paid as provided in the Plan.

**Primary Beneficiary(ies)**

If you are married and elect a primary beneficiary other than your spouse, your spouse must provide consent in Section IV.

	Last Name, First Name, M.I.	Social Security #	Relationship	Birth date	Percentage
1)		- -		/ /	%
2)		- -		/ /	%
					100%

**Secondary Beneficiary(ies)**

	Last Name, First Name, M.I.	Social Security #	Relationship	Birth date	Percentage
1)		- -		/ /	%
2)		- -		/ /	%
					100%

**III. Participant's Signature**

I hereby revoke all previous designations of beneficiary for this plan. I certify that the information in Section I is correct, and reserve the right to change my Beneficiary Designation at any time by completing a new form and filing it with The Plan Administrator.

Participant's Signature	Date
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**IV. Spousal Consent**

Spouse's Signature	Date
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State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me personally appeared \_\_\_\_\_ known to me (or proved to me by satisfactory evidence) to be the spouse described in the "spousal consent" above, and who executed the same.

Witness my hand and official seal - **Notary Public:** \_\_\_\_\_